Supplemental Questions NFP Home Visitor

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| 1. | Can you provide your immunization record at time of hire, or do you agree to vaccinated for diphtheria, hepatitis B, measles, mumps, pertussis, rubella, tetanus and varicella? | |
|----|---|---|
| | | Yes No |
| 2. | Which of the following do you have experience in? Check all that apply. | |
| | | Nurse-Family Partnership Public Health Maternal-Child Health Family Planning Mental / Behavioral Health Home Visitation Social work / Advocacy Communicable Disease Investigation None of the above |
| | applic | please explain in detail, if you put 'see resume' or leave blank, your ation will be considered incomplete and you will not be considered for syment. |
| 3. | How many years of work-related experience as a registered nurse do you possess? | |
| | | None Less than one year At least one year, but less than 3 years At least 3 years, but less than 5 years 5 or more years |
| 4. | Are you comfortable working in a home-visitation capacity? | |
| | | Yes No |

| 5. | 5. Do you have experience working directly with low-income, Medicaid-eligible, and/or culturally underserved populations? | |
|----|---|--|
| | □ Yes □ No | |
| | If yes, please explain in detail, if you put 'see resume' or leave blank, your application will be considered incomplete and you will not be considered for employment. | |
| 6. | What is your level of understanding of the socio-economic determinants of hea and health equity? | |
| | None Beginner Intermediate Advanced | |